

Commonwealth of Virginia
Department of Social Services
CHILD CARE

Worker Name _____
Worker Telephone _____
Worker FAX _____

CHILD CARE FEE PAYMENT AGREEMENT

PART I – General Information (To be completed by Parent/Caretaker)

Parent/Caretaker	Home Telephone Number
Address	City, State, Zip
Children in Care:	
1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

PART II – Agreement by Parent Caretaker

I have been determined eligible for child care financial assistance by the _____
(Local Department of Social Services)

I agree to pay a monthly co-payment of _____ to (provider name) _____
for the provision of child care services for the child(ren) listed above. In addition, I agree to pay any amount above the maximum reimbursable-rate and any other fees charged by the provider and agreed to by me.

I understand that if my fees are not paid as per this agreement, my child care provider may refuse to accept my child(ren) into care until all fees are paid or my provider and I agree to a repayment plan.

I understand that no payment can be made by the Department of Social Services until all required documentation is received by and approved by the Department of Social Services.

I understand that fraud is larceny. Fraud involving more than \$200 is a felony. The Code of Virginia (§63.2-522) deems any person who obtains assistance or benefits by means of a willful false statement, or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance as guilty of larceny. Upon conviction, the Code of Virginia authorizes punishment according to State law.

Signed _____ Date _____
PARENT/GUARDIAN

PART III – Agreement by Child Care Provider

I agree to accept the stated co-payment amount for the provision of child care services per the agreement in Part II. I will bill the local department of social services for the remainder of my monthly child care charge following the contract provided by the local department of social services. I further agree to notify the department of social services if the parent/caretaker fails to make the payment as required by Part II of this agreement.

I understand it is my responsibility to collect any fees due from the parent/caretaker.

I understand that no payment can be made by the Department of Social Services until all required documentation is received by and approved by the Department of Social Services.

I agree to provide complete and accurate information to the Department of Social Services. I understand that if I provide false information I could be prosecuted for fraud.

Signed _____ Date _____
PROVIDER